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APPLICANTS

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** CONTINUING DATA ***** Non-e.c.c.

** FOREIGN APPLICATIONS ***** Non-e.c.c.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>John</u> Examiner's Signature <u>CS</u> Initials				

ADDRESS

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TITLE

IF frequency response characterization employing overlapping frequency bands

FILING FEE RECEIVED 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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